

jc604 U.S. PTO



04/20/00

## NEW APPLICATION TRANSMITTAL FORM

jc690 U.S. PTO  
09/552823  
04/20/00

To the Assistant Commissioner for Patents:

This is a Request for filing a non-provisional patent application under 37 CFR 1.53(b) entitled **USE OF RETINOID RECEPTOR ANTAGONISTS OR AGONISTS IN THE TREATMENT OF CARTILAGE AND BONE PATHOLOGIES** by the following named inventors:

1	Full Name of Inventor	Last Name: Pacifici	First Name: Maurizio	Middle Name:	
	Residence and Citizenship	City: Swarthmore	State or Foreign Country: Pennsylvania	Country Of Citizenship: Italy	
	Post Office Address	Post Office Address: 330 North Princeton Ave.	City: Swarthmore	State or Country: Pennsylvania	Zip Code: 19081
2	Full Name of Inventor	Last Name: Chandraratna	First Name: Roshantha	Middle Name: A.	
	Residence and Citizenship	City: Laguna Hills	State or Foreign Country: California	Country Of Citizenship: USA	
	Post Office Address	Post Office Address: 25241 Buckskin Dr.	City: Laguna Hills	State or Country: California	Zip Code: 92653
3	Full Name of Inventor	Last Name:	First Name:	Middle Name:	
	Residence and Citizenship	City:	State or Foreign Country:	Country Of Citizenship:	
	Post Office Address	Post Office Address:	City:	State or Country:	Zip Code:

(X) The Commissioner is hereby authorized to use Deposit Account Number 01-0885 for the payment of any extension fees incurred during the prosecution of this application.

( x ) Enclosed is a specification of 36 pages, claims 1 page, abstract 1 page.

#### Oath or Declaration

(x) Enclosed is an executed oath or declaration.

() Enclosed is an unsigned oath or declaration.

(X) A self-addressed return postcard is enclosed for verification of receipt.

(X) The filing fee is calculated below:

FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE
Basic Fee (Large entity)			\$690	\$690.00
Total Claims	11 minus 20	= 0	× \$18	.00
Independent Claims	3 minus 3	= 0	× \$78	.00
If application contains any multiple dependent claims, then add \$260.00				
<b>TOTAL FILING FEE</b>				<b>\$690.00</b>

(X) The Commissioner is hereby authorized to charge the filing fee and excess claim fees (including multiple dependent claim fee) as stated above to Deposit Account No. 01-0885. If this amount is incorrect, or for payment of any other fees that may be incurred as a result of this communication please use said Deposit Account. A duplicate copy of this sheet is enclosed for that purpose.

(X) A copy of an assignment bestowing all interest in this application to Allergan, Inc is enclosed. Please charge our Deposit Account 01-0885 in the amount of \$40.00.

() New drawings are enclosed in \_\_ sheets.

() A Statement Pursuant to 37 CFR 1.821(f) and a labeled diskette containing the computer readable sequence listing is enclosed.

() A Statement Pursuant to 37 CFR § 1.821(e), stating that the paper copy and the computer readable form are identical is filed herewith.

() A properly labeled computer readable form of the Sequence Listing accompanies this Application.

(X) The Power of Attorney in this application is to Carlos A. Fisher, Registration Number 36,510.

(X) The Power of Attorney appears in the combined Declaration and Power of Attorney, filed herewith.

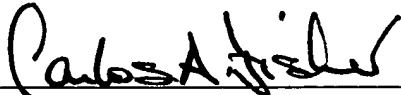
() A copy of the Request for Extension of Time filed in the prior application is enclosed.

Please address all future communications to:

Carlos A. Fisher  
Registration No. 36,510  
ALLERGAN, INC.  
T2-7H  
2525 Dupont Drive  
Irvine, CA 92612  
Tel: 714-246-4920  
Fax: 714-246-4249

Respectfully submitted,

Date: 1/20/00

  
\_\_\_\_\_  
Carlos A. Fisher  
Registration No. 36,510  
Attorney of Record

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**Applicant:** Pacifici et al. )

Group Art Unit: Not yet assigned

**Serial No.:** Not yet assigned

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail bearing Label No. EL079261535US in an envelope addressed to: Box Patent Application; Assistant Commissioner for Patents, Washington, D.C. 20231 on:

**Filed:** Herewith )

**For: Methods of Identifying** )

Date of Deposit: 4/20/00

Compounds having Nuclear

Printed Name of Person making Deposit: Carlos A. Fisher

Receptor Negative

Signature: Bonnie Ferguson

Hormone and /or Antagonist Activities )

Date of Signature: 11/10/10

**Examiner:** Not yet assigned

# CERTIFICATE OF EXPRESS MAILING

Box Patent Application  
Assistant Commissioner for Patents  
Washington, D.C. 20231

Dear Sir:

Enclosed are a patent application for filing pursuant to 37 CFR 1.53(b). Specifically, accompanying this communication please find:

- (a) Specification in 36 pages, 1 page claims, 1 page abstract;
- (b) Transmittal sheet in three (3) pages (in duplicate);
- (c) Signed Declaration and Power of Attorney in two (2) pages.
- (d) Assignment and Assignment Cover Sheet

Respectfully submitted,

Date: 4/19/00

Carlos A. Fisher

**ALLERGAN, INC.**  
T2-7H  
2525 Dupont Drive  
Irvine, CA 92612  
Tel: 714-246-4920  
Fax: 714-246-4249